|  |  |  |  |
| --- | --- | --- | --- |
| Text  Description automatically generated | **Adult Family Home**  **Policies and Procedures Attestation** | | |
| declares and states as follows:  (Print Name)   1. I am the Applicant / Entity Representative of       and attest   (Name of Home)  that the information provided in this document is based on personal knowledge, and I have been duly authorized by the Home to make the representations stated herein.   1. I hereby certify that       has developed and will implement  (Name of Home) the policies and procedures necessary to:  * Maintain or enhance the quality of life for residents including resident decision-making rights and mandated reporting requirements; * Provide the necessary care and services for residents, including those with special needs; * Safely operate the home; and * Operate in compliance with applicable state and federal laws including, but not limited to, Chapters [70.128](https://app.leg.wa.gov/RCW/default.aspx?cite=70.128), [70.129](https://app.leg.wa.gov/RCW/default.aspx?cite=70.129), and [74.34](https://app.leg.wa.gov/RCW/default.aspx?cite=74.34) RCW, and any applicable rules under these statutes.  1. I also certify that the home’s policies and procedures agree with all of the laws and rules that apply to the home and the home’s operations. At a minimum the policies and procedures cover all of the care and services the home provides. These policies include, but are not limited to, the following: 2. Notice of Rights and Services provided in the home, consistent with WAC [388-76-10530](https://app.leg.wa.gov/WAC/default.aspx?cite=388-76-10530); 3. Accepting Medicaid as a payment, consistent with WAC [388-76-10522](https://app.leg.wa.gov/WAC/default.aspx?cite=388-76-10522); 4. Medication Disposal, consistent with WAC [388-76-10490](https://app.leg.wa.gov/WAC/default.aspx?cite=388-76-10490); 5. Response to medical emergencies, consistent with WAC [388-76-10250](https://app.leg.wa.gov/WAC/default.aspx?cite=388-76-10250); 6. Preventing and responding to suspected abandonment, abuse, neglect, exploitation, or financial exploitation of any resident, consistent with WAC [388-76-10675](https://app.leg.wa.gov/WAC/default.aspx?cite=388-76-10675); 7. Disclosure of Services form (DSHS [10-508](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.dshs.wa.gov%2Fsites%2Fdefault%2Ffiles%2Fforms%2Fword%2F10-508.docx&wdOrigin=BROWSELINK)), consistent with WAC [388-76-10532](https://app.leg.wa.gov/WAC/default.aspx?cite=388-76-10532); 8. Emergency and Disaster Plan, consistent with WAC [388-76-10830](https://app.leg.wa.gov/WAC/default.aspx?cite=388-76-10830); and 9. [Respiratory Protection Program](https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/afh/What%20is%20a%20Respiratory%20Protection%20Program%20-%20DOH.pdf), consistent with Labor and Industries regulations.   I certify and declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct to the best of my knowledge.  I understand I am required to maintain the policies in Section 3 and make them available to department staff upon request. | | | |
| Signature (for sole proprietors one or both applicants may sign) | | | Date |
| Printed Name | | Title / Role | |